

PATENT APPLICATION FEE DETERMINATION RECORD						Application or Docket Number SF/0014.01	
<b>CLAIMS AS FILED - PART I</b>						<b>SMALL ENTITY</b> OR <b>OTHER THAN SMALL ENTITY</b>	
(Column 1)		(Column 2)		(Column 3)		(Column 4)	
FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEE	OR	RATE	FEE
BASIC FEE (37 CFR 1.16(a))				\$ _____	OR		\$ _____
TOTAL CLAIMS (37 CFR 1.16(c))	30	minus 20 = *	10	x \$ _____ =	OR	x \$ _____ =	
INDEPENDENT CLAIMS (37 CFR 1.16(b))	2	minus 3 = *	0	x _____ =	OR	x _____ =	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))			+ _____ =	OR	+ _____ =		
			TOTAL		OR	TOTAL	
* If the difference in column 1 is less than zero, enter "0" in column 2.							
<b>CLAIMS AS AMENDED - PART II</b>						<b>SMALL ENTITY</b> OR <b>OTHER THAN SMALL ENTITY</b>	
(Column 1)		(Column 2)		(Column 3)		(Column 4)	
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI-TIONAL FEE	OR	RATE
Total (37 CFR 1.16(c))	* 29	Minus	** 30	=	0	OR	18.00 x \$ _____ =
Independent (37 CFR 1.16(b))	* 2	Minus	*** 3	=	0	OR	78.00 x _____ =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ _____ =	OR	260.00 + _____ =	
				TOTAL		OR	TOTAL
				ADDIT. FEE		OR	ADDIT. FEE
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI-TIONAL FEE	OR	RATE
Total (37 CFR 1.16(c))	*	Minus	**	=		OR	x \$ _____ =
Independent (37 CFR 1.16(b))	*	Minus	***	=		OR	x _____ =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ _____ =	OR	+ _____ =	
				TOTAL		OR	TOTAL
				ADDIT. FEE		OR	ADDIT. FEE
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI-TIONAL FEE	OR	RATE
Total (37 CFR 1.16(c))	*	Minus	**	=		OR	x \$ _____ =
Independent (37 CFR 1.16(b))	*	Minus	***	=		OR	x _____ =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ _____ =	OR	+ _____ =	
				TOTAL		OR	TOTAL
				ADDIT. FEE		OR	ADDIT. FEE

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case.  
 Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.